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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appn. Number: 10/014,307

Filing Date: October 26, 2001

Applicant: Arturo Garcia et al.

Application Title: SHINGLE LIFTING TOOL

Attorney Ref. # : 0333-12

VIA U.S. MAIL

Assistant Commissioner for Patents

Attn: Application Processing Division's Customer Correction Branch

Washington, DC 20231-0001

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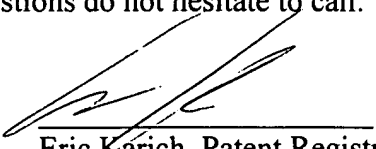
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We have enclosed a copy of applicant's filing receipt with at least one error noted on it.
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/014,307	10/26/2001	3652	370	0333-12	5	9	2

21704
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CONFIRMATION NO. 3148

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Applicant(s) Arturo C. Garcia
Garcia-G. Arturo, Rancho Cucamonga, CA;
David Halstead, Alta Loma, CA;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/243,638 10/27/2000

Foreign Applications

If Required, Foreign Filing License Granted 01/30/2002

Projected Publication Date: 05/09/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Shingle lifting tool

Preliminary Class

294

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Bib Data Sheet

CONFIRMATION NO. 3148

SERIAL NUMBER 10/014,307	FILING DATE 10/26/2001 RULE	CLASS 294	GROUP ART UNIT 3723	ATTORNEY DOCKET NO. 0333-12
APPLICANTS Arturo C. Garcia, Rancho Cucamonga, CA; David Halstead, Alta Loma, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/243,638 10/27/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/30/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 9
				INDEPENDENT CLAIMS 2
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TITLE Shingle lifting tool				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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